



Kansas Attorney General

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Consumer Protection Division

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INVESTIGATIVE REQUEST

INFORMATION ABOUT THE CONSUMER (SIGNATURE ON BACK REQUIRED)

NAME: MR. MS. MRS.	DATE OF BIRTH:
ADDRESS: APT. #	
CITY, STATE, ZIP, COUNTY:	
DAYTIME PHONE #:	REGISTERED ON NO CALL? YES NO
EMAIL ADDRESS:	

INFORMATION ABOUT THE COMPANY YOU ARE REQUESTING WE INVESTIGATE

COMPANY NAME:
ADDRESS:
CITY, STATE, ZIP:
PHONE #:
SALESPERSON:
CONTACT PERSON:

INFORMATION ABOUT THE TRANSACTION

DATE OF TRANSACTION:	COUNTY/PLACE OF TRANSACTION:
DID YOU SIGN A CONTRACT?	DATE SIGNED:
DID YOU HAVE A VERBAL AGREEMENT?	
PRODUCT OR SERVICE INVOLVED:	
AMOUNT PAID: \$ PAID BY: CASH CHECK CREDIT CARD LOAN DIRECT DEPOSIT/TRANSFER	
ARE YOU MAKING PAYMENTS ON A CONTRACT, CREDIT CARD, OR OTHER PAYMENT PLAN PURSUANT TO THIS TRANSACTION? IF SO, LIST THE COMPANY NAME, ADDRESS, AMOUNT(S) PAID, & YOUR ACCOUNT NUMBER:	
FIRST CONTACT BETWEEN YOU & THE COMPANY: PERSON CAME TO MY HOME I TELEPHONED THE COMPANY I RESPONDED TO A RADIO/TV AD/MAILING I WENT TO THE COMPANY'S PLACE OF BUSINESS I RECEIVED A TELEPHONE CALL FROM THE COMPANY OTHER (EXPLAIN)	WHERE DID THE TRANSACTION TAKE PLACE: OVER THE PHONE AT HOME AT THE COMPANY BY MAIL INTERNET TRANSACTION OTHER (EXPLAIN)

I AM A:	SOLE-PROPRIETOR
INDIVIDUAL	PARTNERSHIP
FAMILY PARTNERSHIP	LLC (IF SO, ARE ANY MEMBERS OF THE LLC NON-FAMILY MEMBERS?)
CORPORATION	YES OR NO

HOW COULD THIS HARM BE REMEDIED?
REFUND \$ PRODUCT DELIVERY
SERVICE PERFORMED OTHER
SPECIFY SERVICE PERFORMED:

PLEASE COMPLETE BOTH SIDES

ACTION YOU HAVE TAKEN

HAVE YOU CONTACTED THE COMPANY? _____ DESCRIBE RESULT OR EXPLAIN WHY YOU HAVE NOT CONTACTED THE COMPANY:

HAVE YOU FILED A COMPLAINT WITH THE BETTER BUSINESS BUREAU OR ANY OTHER AGENCIES? _____

WHAT RESPONSE HAVE YOU RECEIVED?

DO YOU KNOW OF OTHERS WITH SIMILAR EXPERIENCES WITH THIS SUPPLIER? _____

HAVE YOU SOUGHT THE ADVICE OF AN ATTORNEY REGARDING THIS TRANSACTION? _____ WHO IS THE ATTORNEY?

HAS LEGAL ACTION BEEN TAKEN BY YOU OR AGAINST YOU WITH REGARD TO THIS TRANSACTION? _____ IF SO, PLEASE DESCRIBE THE CURRENT STATUS OF ANY LEGAL ACTION:

ARE YOU CONSIDERING FILING AN ACTION IN SMALL CLAIMS COURT? _____

DESCRIPTION OF TRANSACTION

PLEASE DESCRIBE THE TRANSACTION IN CHRONOLOGICAL ORDER (ADD ADDITIONAL PAGES AS NECESSARY).

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is a vertical margin line on the left side, creating a narrow left margin. The paper appears to be from a notebook or a standard ruled document.

DOCUMENTATION OF THE TRANSACTION

PLEASE PROVIDE COPIES OF ALL DOCUMENTS RELEVANT TO THIS TRANSACTION, INCLUDING ADVERTISING MATERIAL, CONTRACTS, WARRANTY INFORMATION, RECEIPTS, LETTERS, CHECKS (FRONT AND BACK), PHOTOGRAPHS, BILLS, AND INVOICES, ETC. FAILURE TO PROVIDE ALL RELEVANT DOCUMENTS MAY CAUSE UNNECESSARY DELAY IN THE HANDLING OF YOUR REQUEST.

_____DOCUMENTS ENCLOSED _____NOTHING TO ATTACH

VERIFICATION

I am: ☐ Over Age 60 ☐ Partially Disabled ☐ Totally Disabled ☐ Illiterate ☐ Non-English Speaking
☐ A Veteran or Surviving Spouse ☐ A Immediate Family Member of a Individual in the Military

In filing this request, I understand and agree that the Attorney General and his staff are not my private attorneys, but instead repre-

I understand that Kansas law limits the period of time during which I may file any private legal action (s). I further understand and agree that the contents of this request may be forwarded to the business or person the request is direct against, may be forwarded to other appropriate agencies, and will become accessible to others under the Kansas Open Records Act. I hereby authorize any party to whom the Attorney General directs this complaint to release any and all information about this matter, including account information, to the Kansas Attorney General's Office. Finally, I declare and verify under penalty of perjury and the laws of Kansas that all of the foregoing is true and correct to the best of my knowledge.

Signature of Complainant (Required)

Date
